

DIABETES CARE TOOL



KENTUCKY DIABETES NETWORK, INC.

A statewide partnership striving to improve the treatment and outcomes for Kentuckians with diabetes.

Patient Name: _____ DOB: _____

Type of Diabetes: 1 2 (circle one) Year Diagnosed: _____ Tobacco Use: Yes No (circle one)

Pneumococcal Vaccine Date(s): _____ Hep B Series: _____

This tool is based on the 2013 American Diabetes Association's "Standards of Medical Care for Patients with Diabetes Mellitus" and indicates minimum services to be provided in the continuing (initial visits have additional components) care of **adults** with diabetes. It is not intended to replace or preclude clinical judgement or more intensive management where medically indicated. Use it as a reminder for exams or important tests, to simplify record keeping and as a way to continually improve care to all patients with diabetes.

Enter result, checkmark, initials or date as you deem appropriate.

DATE OF VISIT							
EVERY VISIT	Weight						
	BMI						
	Height in inches _____						
	B/P (Goal <130-140/80)						
	A1C Every 3–6 mo. (Goal individualized according to age and health history)						
	Foot Exam: V = Visual						
	Review and Update Self-Management Goals, Blood Glucose Log and Hypoglycemic Events						
ANNUAL	Foot Exam:						
	• Monofilament (sensation), foot structure, biomechanics, vascular, and skin integrity						
	Fasting Lipid Profile:						
	• Total Cholesterol (Goal < 200)						
	• LDL (Goal < 100)						
	• HDL (Goal Men > 40, Women > 50)						
	• Triglycerides (Goal < 150)						
	Assess Urine Albumin Excretion						
	Serum Creatinine/eGFR:						
Dilated Eye Exam/Referral Date							
	Flu Vaccine						
	Oral Exam (Visual)						
SELF-MANAGEMENT	Self-Management Education R=Referral D+ date=Date Done						
	MLU= Medication List Update						
	APAB=Assess Patient Adherence/Barriers						
	PC=Pharmacist Consult						
	Medical Nutrition Therapy R=Referral D+ date=Date Done						
	Instruct: PA=Physical Activity T=Tobacco Cessation (1-800-QUIT NOW or 1-800-784-8669)						
	Preconception Counseling (women of childbearing age)						
OTHER	Consider:						
	• Aspirin Therapy St=start, Cont=continue, D/C=discontinue, N/MA=not indicated/medical allergy, Dec=declined						
	• Circle: ACE-I or ARB St, Cont, D/C, N/MA, Dec						
	• Statin or Lipid Lowering Agent: St, Cont, D/C, N/MA, Dec						
	Assess Mental/Behavioral Health						